



Northampton Council on Aging & Senior Center

Patricia Shaughnessy, Director
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67 Conz St., Northampton, MA 01060 Telephone: (413)587-1228 Fax: (413)587-1233 www.northampton seniors.com

Dear Prospective Member,

Thank you for your interest in the Northampton Senior Fitness Center. The Fitness Center operates from 8:15am – 4:00pm Monday through Friday.

Enclosed you will find information on membership opportunities for the Fitness Center as well as important information on membership policies. Memberships are available to Northampton Seniors age 60+, Northampton residents ages 55-59 and non-Northampton Seniors 60+ years.

All new members are required to have an orientation to the Fitness Center on the 16 pieces of strength training and cardio equipment to ensure the safety of the participant and the care of the equipment. Once you have completed your paperwork you will be called to schedule an appointment to be oriented on the use of the equipment. If you have been a previous member of the Fitness Center, but it has been over eight months since you've been in, you will need to complete all new paperwork and have an orientation on the equipment.

Thank you for your interest in our Fitness Center. We believe you will have fun while at the same time maintaining a healthy routine in your day!

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Fitness Center Information

Membership Fee for a Northampton Senior (60+)

\$10 per month

Members may pay for any number of months

Membership Fee for a Northampton Participant (55-59)

\$15 per month

Members may pay for any number of months. Cost will be adjusted for month participant turns 60.

Membership Fee for a non-Northampton Senior (60+)

\$15 per month

Limited to 25 non-Northampton Senior participants.

Availability reviewed on an ongoing basis.

Important Payment Information

- Your first months' payment will be an adjusted portion of the monthly cost stated above. However, if you join on the first week of the month, payment for the entire month is due. Thereafter, monthly payments will be due on or before the 1st of every month
- We do not pro-rate memberships for time you are away for any reason.
- Your Health Insurance provider may pay for all or some of the cost of your membership to the Fitness Center. Check with your provider to see if they offer this benefit. When paying for your monthly fee, a receipt will be issued. Please keep this receipt for insurance purposes. If requested, an official accounting on letterhead will be furnished. Expect up to 5 to 10 days for this certificate to be provided.
- Please make checks payable to the **Northampton Council on Aging**.

Benefits of Membership

Members will have an orientation to all their physician-approved equipment. Members will also have the use of lockers for the storage of personal items during their workouts. The Senior Center is not responsible for lost or stolen or unattended personal items. Members will enjoy a non-judgmental environment in the company of their peers. Plenty of free and accessible parking is available.



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Northampton Senior Fitness Center

Process to join

1. Carefully read and complete all forms. Physician's sign-off form may be faxed to NCOA 413-587-1233. Please note that the Senior Center operates it as a Fitness Center and not as a Rehabilitation Center.
2. Return completed forms only to Senior Center. Please keep informational forms for your files.
3. Forms will be reviewed. If all forms are complete, including the Physician's form, you will receive a phone call from the Senior Center to schedule an orientation appointment.
4. If we receive your Physician's form by fax or mail, we will contact you to let you know.
5. The membership fee is due prior to your orientation. A Senior Center scan card is required to sign in. Please request a scan card at the reception desk. Your orientation will last 45 minutes to an hour. During the orientation, your machine settings will be determined and suggested starting weights, times, etc. will be discussed. Please ask questions!
6. There is a Fitness Center staff person on duty for limited hours most days for orientations and review. Please check the hours at the reception desk as they may change week to week. Current members using the fitness center are also a great resource if you forget how to adjust a seat or set your weights.



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Health Questionnaire

Date _____

This information is confidential and will be used only by appropriate COA staff

Name: _____ Birth date _____ Sex: M / F Phone : _____

Address: _____ City, State and zip: _____

Do you live alone? _____

Emergency Contact: Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor's name: _____ Phone: _____

Please check any of the following disease and or conditions you have:

____ *Heart disease	____ Arthritis (osteo or rheumatoid)	____ Tuberculosis
____ *High blood pressure	____ Back pain	____ Poor memory
____ * Irregular heartbeat	____ Joint pain – where? _____	____ Low vision
____ *Stroke	____ Loss of balance	____ Hearing difficulty
____ * Breathing issues (incl. asthma, bronchitis, COPD)	____ Dizziness	
____ *Hepatitis	____ Anemia	
____ *Diabetes	____ Epilepsy	
____ Migraines	____ MS	
____ Hernia	____ Muscle pain – where? _____	
	____ Other _____	

Are starred (*) conditions controlled? Yes _____ No _____

If NO, please explain: _____

Have you ever experienced any of the following during physical activity?

Shortness of breath, tightness, tightness in chest, lightheadedness, heart palpitations, shooting pain down arm, jaw pain? Yes _____ No _____

Do you carry medications with you? Yes _____ No _____ **If YES, what?** _____

How often do you exercise? _____

What do you do for exercise _____

When was the last time you exercised? _____

Is there anything you think would be important for us to know which might affect your success or participation in this program? If yes, please elaborate on back of this form:



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Fitness Center

Participant's Agreement with the City of Northampton

I, _____, hereby acknowledge that the activities offered through the Northampton Council on Aging can be strenuous and have the capacity to exacerbate existing conditions, to cause injury or death. I hereby certify that I do not suffer from any condition which would preclude me from engaging in the activities of the Northampton Council on Aging and that my answers to the questions set forth are true, complete and accurate. I have been advised to seek the advice of my physician to ascertain whether or not I should participate in the programs offered by the Northampton Council on Aging, and to the extent that I have so inquired of my physician, I have been cleared to participate. In consideration of allowing me to participate in the programs offered by the Northampton Council on Aging, I hereby release and forever discharge the City of Northampton, its' employees, agents and officials of and from any liability for any personal injury or death that I may suffer arising out of my participation in a program. I further covenant that I shall not sue and that I shall not suffer or permit any suits on my behalf to be filed for any claims arising out of my participation in the programs offered by the Northampton Council on Aging. This agreement shall be binding on my heirs, assigns, executors, administrators, and other representatives.

Signature

Date



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Fitness Center Policies & Agreement

- Members must obtain a Senior Center scan card to sign in and schedule an appointment for an orientation to the Fitness Center and the 16 pieces of strength training and cardio equipment.
- If you have been a previous member of the Fitness Center but it has been over 8 months since you have participated, you must submit new forms:
 - Fitness Center Policies & Agreement
 - Participant's Agreement with the City of Northampton
 - Health Questionnaire
 - Physician's authorization
- Clean, appropriate footwear is to be worn during exercise. Athletic shoes recommended. No outdoor shoes or boots in the Fitness Center.
- Clean, comfortable clothing is necessary. Shirts are required. No plastic or rubberized sweat suits permitted.
- Please refrain from wearing strongly scented lotions, colognes or aftershaves in the Fitness Center.
- The NCOA is not responsible for members' personal possessions such as wallets, keys or jewelry. Please leave valuables at home. Lockers with keys are available for your convenience to use during your exercise workout.
- Beverages must be in a closed plastic container only. No food products in the Fitness Center.
- Members are responsible to wipe down equipment after use with towels or wipes provided.
- Members are to limit their time on cardio equipment (treadmills, bikes etc...) to a total of 30 minutes during peak Fitness Center hours. Be aware that others may be waiting for the use of equipment you are on.
- Members should adhere to the Senior Center Code of Conduct. Membership fees are to be paid in advance of using the Fitness Center. Non payment or non renewal means a participant does not have access to the Fitness Center.

By signing below I agree to abide by the above policies for the Fitness Center.

signature_____ date_____

print name _____



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Informed Consent for Fitness Center

To the best of my knowledge, I am healthy and able to use cardio equipment and/or weight lifting machines. I understand and confirm that I will choose the level of activity that will not harm me.

I hereby release the NCOA, City of Northampton, its agencies and its officers, employees or agents from any liability for my personal injury or otherwise, arising out of or in any way connected to my participation in this exercise program.

Signature: _____ Date: _____

Printed name: _____

Address: _____ Phone: _____

Yes No Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes No Do you feel pain in your chest when you do physical activity?

Yes No In the past month, have you had chest pain when you were not doing physical activity?

Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Do you experience dizziness or light-headedness when exercising?

Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity, or have you had a hip or knee replacement?

Yes No Is your doctor currently prescribing drugs (i.e. water pills) for blood pressure or a heart condition?

Yes No Do you know of any other reason why you should not do physical activity?

In case of any questions or concerns, then MEDICAL CLEARANCE IS REQUIRED BEFORE an individual can register for the exercise program.



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PHYSICIAN'S SIGN-OFF FORM

Physician: Please **check** which weight training machines and cardio equipment the potential exerciser **can or cannot** use: Refer to diagrams on attached pages for more information.

Name of patient: _____ Tel. _____

Address: _____ City/Town _____

Northampton Senior Center Fitness Equipment

	<u>Yes</u>	<u>No</u>
Treadmill	_____	_____
Elliptical	_____	_____
Recumbent Bike	_____	_____
Upright Bike	_____	_____
Ergometer (wheelchair accessible)	_____	_____
Chest Press	_____	_____
Shoulder Press	_____	_____
Lateral Pull-down	_____	_____
Arm Curl	_____	_____
Triceps Extension	_____	_____
Leg Press	_____	_____
Abdominal Machine	_____	_____
Back Extension	_____	_____

My patient, named above, has no current unstable medical problems that would prohibit his or her participation in exercise incorporating the above approved weight lifting and cardio equipment.

Physician (print name) _____

Physician's signature _____ Date _____